Every Woman's Life

CASE MANAGEMENT NEEDS ASSESSMENT AND CARE PLAN

Client Name:	Social Security No:
Day Phone:	Alternate Contact Person: Phone No:
Case Manager Name: Provider Name:	Today's Date:
Abnormal Breast Result (date and result):	Abnormal Cervical Result (date and result):

NEEDS ASSESSMENT *	
I feel that I will *not* have the support of my family and/or friends if I need it.	☐ Yes ☐ No
I may have problems getting to follow-up appointments if they are recommended for me.	☐ Yes ☐ No
If follow-up tests/services are recommended for me, I may need help in understanding them.	☐ Yes ☐ No
Are there other issues that would prevent you from receiving follow-up care?	☐ Yes ☐ No If yes, explain:_____ _____ _____ _____

***A "YES" answer in any category requires a care plan.**

CARE PLAN				
	Problem	**Plan**	**Client Contacts***	**Outcome**
☐	Inadequate social support			
☐	Lacks access to services			
☐	Lacks understanding of services needed			
☐	Other issues			

* Record date and type of contact (1-telephone, 2-office visit, 3-home visit, 4-mail, 5-certified mail, 6-email, 7-text message

Case Management Outcome: ☐ Diagnostic work-up completed ☐ Refused ☐ Lost to follow-up

Case Manager:	Date: